

10/049488

EL78978214BUS



EXPRESS MAIL

POST OFFICE
TO ADDRESSEE

mación requerida en la sección "cliente".

SIGN (POSTAL USE ONLY)

Zip Code		Day of Delivery		Flat Rate Envelope	
226		<input checked="" type="checkbox"/> First <input type="checkbox"/> Second		<input type="checkbox"/>	
Date In	2 12 02	Postage		\$	
Mo.	Day	Year			
12	2	02			
Time In		Return Receipt Fee			
AM		<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
PM		Int'l Alpha Country Code			
Weight		CDD Fee		Insurance Fee	
Lbs.		Total Postage & Fees		\$	
OZs.		Acceptance Clerk Initials			
No Delivery		Customer Use Only			
<input type="checkbox"/> Workday <input type="checkbox"/> Holiday					

DELIVERY (POSTAL USE ONLY)

Delivery Attempt		Time		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM					
Delivery Attempt		Time		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM					
Delivery Date		Time		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM					
Mo.		Day		Year	
12		2		02	

WARRANTY OF SIGNATURE (Domestic Only): Addressee's signature is required. Mail delivery is to be made without signature of addressee. If delivery employee is unable to obtain signature of addressee, mail delivery employee's signature constitutes valid proof of delivery.

RECEIVED
FEB 14 2002
ADDRESSEE C BY
Label 44-P August 2000

FROM: PLEASE PRINT

PHONE: 617, 439-6666

ROBERT J. ROOS, Esq.
PO BOX 9169
BOSTON MA 02209-9169
71745/56925

TO: PLEASE PRINT

PHONE:

USPS MAIL CENTER
FEB 14 2002
EXPRESS MAIL LABEL DATE IN

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

